

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Koji TANIMOTO et al.
Title: LIGHT BEAM SCANNING
APPARATUS
Prior Appl. No.: 09/461,210
Prior Appl. Filing Date: 12/15/1999
Examiner: Unassigned
Art Unit: 2861

CONTINUING PATENT APPLICATION
TRANSMITTAL LETTER

Commissioner for Patents
Box PATENT APPLICATION
Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is a:

☐ Continuation ☒ Division ☐ Continuation-In-Part (CIP)

of the above-identified copending prior application in which no patenting, abandonment, or termination of proceedings has occurred. Priority to the above-identified prior application is hereby claimed under 35 U.S.C. § 120 for this continuing application. The entire disclosure of the above-identified prior application is considered as being part of the disclosure of the accompanying continuing application and is hereby incorporated by reference therein.

Enclosed are:

- ☒ Specification, Claim(s), and Abstract (77 pages).
- ☒ Formal drawings (20 sheets, Figures 1-23).
- ☒ Copy of Declaration and Power of Attorney (2 pages).
- ☒ Information Disclosure Statement (2 pages).
- ☒ Form PTO-1449.
- ☒ Preliminary Amendment.
- ☒ Application Data Sheet (37 CFR 1.76) (4 pages).



10067868.020802



The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$740.00	\$740.00
Total Claims:	12	20	0	x \$18.00	= \$0.00
Independents:	3	3	0	x \$84.00	= \$0.00
If any Multiple Dependent Claim(s) present:			+	\$280.00	= \$0.00
				SUBTOTAL:	= \$740.00
[] Small Entity Fees Apply (subtract ½ of above):				=	\$0.00
				TOTAL FILING FEE:	= \$740.00

- [X] A check in the amount of \$740.00 to cover the filing fee is enclosed.
- [] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

FEB 08 2002

By



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